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NIP-273

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. KATO et al

Serial No. 10/070,996

Group Art Unit: 2836

Filed: March 14, 2002

Examiner: J. Demakis

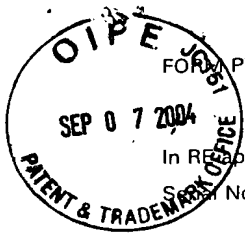
For: GAS INSULATING APPARATUS AND METHOD FOR LOCATING FAULT
POINT THEREOF

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 4, 2004,
please amend the above-identified application follows.



FORM PTO-1083

In RE Application of T. KATO et al

Serial No.: 10/070,996

Filed: March 14, 2002

PATENT

Case Docket No. NIP-273

Group Art Unit: 2836

Examiner: J. Demakis

For: GAS INSULATING APPARATUS AND METHOD FOR LOCATING FAULT POINT THEREOF

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

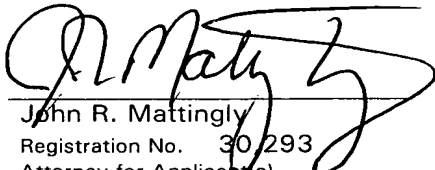
	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 16	Minus	** 20	=	0
Indep.	* 12	Minus	*** 13	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A check in the amount of \$_____ is attached in payment of:_____.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120By: 
John R. Mattingly
Registration No. 30293
Attorney for Applicant(s)

Date: September 7, 2004